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AUTHOR Davis, Mary Ann
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ABSTRACT

The booklet is designed to show how agencies work together to meet the educational needs of young multiply handicapped children from the time of referral through entry into regular school. Section I on identification focuses on agency contacts, presentations, documentation, and cooperative agreements. A second section covers checklist, the referral form, and referral procedures. A final section on assessment describes screening and testing in various areas, on-going assessment, the individual educational program, treatment team, report cards, and the test matrix. Appendixes are included for each section and provide such materials as the following: child identification agency contact plan, record form, and listing of eligible children; checklist; referral form; parent consent letters; management record form; and progress report forms. (SBH)

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LOOKING AT CHILDREN

Identification, referral and assessment of children in a preschool special education setting.

THE OCHLOCKNEE PROJECT MODEL

Compiled and Written

by

Mary Ann Davis

Outreach Staff:

G. Harold Smith, Project Director
Robert G. Kibler, Project Coordinator
Judy A. Baldwin, Outreach Resource Social Worker
Lillie W. Bogan, Demonstration Site Lead Resource Teacher
Mary Ann Davis, Outreach Resource Teacher

Ochlocknee Multi-Handicapped Outreach Project
P.O. Box 110-A
Ochlocknee, Georgia 31773

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Mary Ann Davis
Outreach Resource Teacher

PREFACE

The Ochlocknee Multi-Handicapped Project, now in the Outreach phase, was funded by the Bureau of Education for the Handicapped, USOE, in 1972 to serve children, ages 0 - 8 with two or more handicapping conditions. Youngsters with low incidence, multiple handicaps are the primary recipients of the services offered by this public school Project.

Since the southwest corner of Georgia is a rural area, there must be a great deal of cooperation and communication between agencies to insure that the children and their families receive adequate health, education, and social services, while avoiding any duplication or overlap in the provision of these services.

This module is an attempt to show how agencies work together to meet the educational needs of these special children. From the time of referral through entry into regular school, the web of agency interaction weaves a strong fabric of intervention, help, and support for multi-handicapped children and their families.

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IDENTIFICATION OF CHILDREN

One of the major problems facing any new early childhood Project for handicapped children is the identification and location of eligible children. Since services to preschool handicapped children are limited, the names of prospective students are not always widely available.

Information through the media, aimed at the parents, has limited effectiveness. Until a Child Find and screening campaign is launched, interagency cooperation is often the best way to identify these children.

The location of handicapped children can be facilitated if the support of local agencies is enlisted. A systematic approach to contacting agencies, presenting information about services available, and requesting the names of eligible children who can use the services, will insure that many seriously handicapped preschoolers are found. This, complemented by screening programs conducted for selected populations of children or all children of a specific age, provides an efficient, inexpensive means of identifying children.

AGENCY CONTACTS: A newly developed Project needs time and exposure in the community before many referrals are generated. Until this happens, community agencies are often the main referral source.

A plan for contacting agencies will facilitate the community awareness of the Project. All agencies to be contacted should be listed with the anticipated contact date and the type of contact to be made (i.e. in person, by phone, by letter, etc.). This provides a manageable time line for initiating Project identification procedures. It also insures that all appropriate agencies are contacted.

Agencies can be divided into four categories: educational, health and therapeutic, social, and church and civic groups. Each type of agency has contact with some children who are not known to other agencies. (Appendix A, Child Identification, Agency Contact Plan)

EDUCATIONAL AGENCIES AND PERSONNEL

-State Education Department, Special Education Department Coordinators and Consultants
-Regional Education Agencies
-Local Education Agencies
-Visiting Teachers
-Hospital - Homebound Teachers
-Guidance Counselors
-Resource Teachers (i.e. Vision, L.D., M.R., Speech)
-Psychologists
-Psychometrists
-Training Centers for the Retarded
-Public and Private School Principals and Teachers
-Nursery Schools
-Kindergartens
-Day Care Centers
-Tutoring Services
-Headstart

HEALTH AND THERAPEUTIC AGENCIES AND PERSONNEL

-Local Hospitals
-Crippled Children's Units
-Physical Therapists
-County Public Health Departments
-Area Physicians (Obstetricians, Pediatricians, Otolaryngologists, etc.)
-Dentists
-Opticians and Ophthalmologist
-Neurologists
-Psychiatrists
-Psychologists
-Community Mental Health Centers
-Community Speech and Hearing Clinics
-Easter Seal
-Muscular Dystrophy Association
-United Cerebral Palsy
-Epilepsy
-Community Resource Units
-State-Wide Referral Systems (e.g. Tie Line)

SOCIAL AGENCIES

-Department of Family and Children's Services
-Social Security Administration
-Division of Youth Services
-County Extension Agencies
-Department of Vocational Rehabilitation

CHURCH AND CIVIC GROUPS

-Area Churches and Synagogues
-Church Groups (Sunday Schools, Sewing Circles, etc.)
-Civic Organizations (Junior Service Club, Lions Club, League of Women Voters, Shriners, etc.)
-Professional Organizations (A.M.A., Educational Associations, P.T.A., Bar Association, C.E.C., etc.)

PRESENTATIONS: Contacts made with any agency provide a two-fold purpose. They help enhance the Project's role within the community as well as generate referrals. This type of contact can be varied as necessary, from informal telephone conversations to formal presentations.

Presentations should be specifically designed for each type of audience: civic clubs, county medical associations, public health departments, church meetings, and parent-teacher organizations. Overhead transparencies, posters, charts, films, and slide shows should accompany the oral presentation. These should outline the need for the Project, types of services offered, types of children sought, benefits to the community, and the referral process. For educational agencies, a presentation can be made to the School Board and to individual schools.

Any available literature should be distributed by Project personnel during these contacts. These can include Project brochures, lists of disabilities and ages served, and referral forms.

Presentations should be followed up by individual contacts, in person if possible. Since all agency personnel cannot be contacted for group presentations, many initial contacts must be made on an individual basis.

DOCUMENTATION: Every agency contact should be documented as on the Child Identification Agency Record Form. (Appendix A) Records should include the name of the contact person from the Project. To insure that agency and Project personnel thoroughly understand each other's needs, and that all necessary information has been exchanged, records should also be kept of the exact dates that specific data has been transmitted.

The Project's purpose and eligibility criteria must be carefully explained. Agency personnel must know why the Project has been established, including national statistics of prevalence, and probable incidence of handicaps within the preschool population of the community. Project personnel must be aware of other agencies who work with the handicapped and must be prepared to explain how the Project will work with these agencies to avoid duplication of services. The contact person within the agency must also be informed of the types of children to be served by the Project, including ages and handicaps.

When referral forms and procedures are explained, agency personnel should be told what types of action will be taken on each referral. They should also know how to fill out a referral form, the most pertinent questions to ask the family, and what signatures are required before the referral can be processed. Persons obtaining referral signatures should be aware of local policy regarding obtaining signed permission from illiterate or non-English speaking parents and due process procedures.

Agency services and constraints must also be identified. The Project personnel must find out how the agency fits into the community, what services it offers, and the population it serves. Since most agency files are confidential, Project staff should request that agency personnel review their files for children who may be eligible for the program. It may be necessary to contact the State Director of the agency to secure this permission. Agency staff must be assured that professional standards of confidentiality will be maintained at all times by the Project.

A description of the agency and the constraints under which it operates should be attached to the Child Identification Agency Record Form and should be kept for future reference.

Follow-up contacts should be scheduled to review new procedures and to maintain the referral flow. Figure I below summarizes the steps involved in carrying out agency contacts.

Figure I

Steps in carrying out agency contacts for the purpose of identifying children.

1. Devise agency contact plan.
2. Select appropriate Project materials for dissemination.
3. Make contact:
   - Present Project information (purpose, eligibility, criteria, referral procedures).
   - Distribute Project informa

   - Distribute Project information.
4. Identify agency services and constraints.
5. Obtain agency materials.
6. Request agency personnel to review files to identify possible referrals. Develop formal interagency agreement.
7. Document contact.
8. Follow-up contact periodically.

COOPERATIVE AGREEMENTS: Cooperative agreements insure ongoing referral sources for the identification of children and can be established with most agencies. For example, the Crippled Children's Unit (CCU) may agree to refer to the Project any child which falls within the Project criteria. In exchange, the Project will initiate referral to CCU of any child who can benefit from these services and is not already being served.

These agreements should be written, signed, and kept with other agency information.

For the list of eligible children, (Appendix A, Child Identification) Agency Listing of Eligible Children), agency personnel should be encouraged to submit the names of any children who exhibit any of the handicapping conditions served by the Project. Project staff should work with the agencies to determine the best possible placement on an individual basis.

CHILD FIND: The United States Congress, through P.L. 94-142, Education of All Handicapped Children's Act of 1975, has mandated that each state identify every handicapped child, especially children who receive no public school services and those who receive inadequate services. Since each system has their own method of screening and identification, this module will not attempt to explain this process, but will instead show how Project staff can offer a great service by assisting in "Child Find", especially in terms of identifying preschool children.

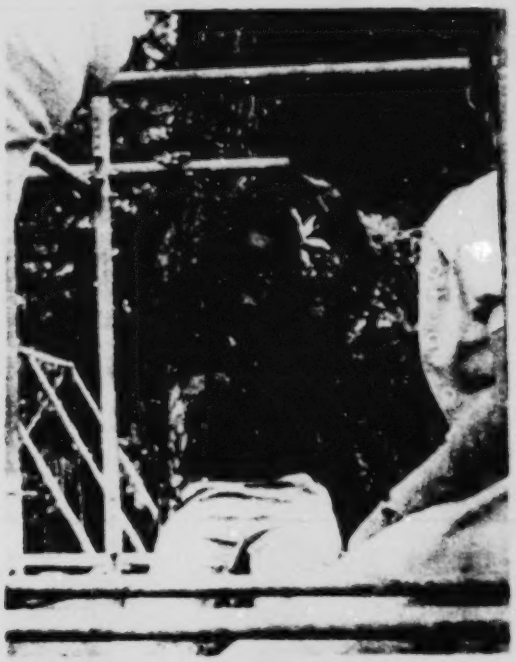
Project personnel can train volunteers or school personnel to screen children. The Project can offer

screening materials, office space, or facilities to maintain records on children. Project staff can conduct all or part of the screening, either at the Project site or in pre-selected areas of the community.

The Project can also offer to coordinate publicity regarding the Child Find campaign, including civic club presentations, news releases, television commercials, descriptive posters, and brochures.

Another way Project staff can aid in the identification of children is to volunteer to be on the committee that processes referrals from Child Find. In this way, appropriate Child Find referrals can be routed through the Project and services to children can be initiated with minimal delay.

COMMENT: With extensive agency contacts and related Child Find activities, a Project should be able to locate and identify most of the handicapped children in the community. The Project must be an integral part of the community, highly visable and able to participate in civic activities and community events. Although it may be difficult for a new Project to be accepted, especially in a rural area, enthusiasm and hard work will help to foster Project activities.



APPENDIX A

OCHLOCKNEE MULTI-HANDICAPPED OUTREACH PROJECT

Child Identification Agency Contact Plan

Type	Agency	Contact Person	Type of Contact (Telephone, Correspondence, In Person)	Date
1. Educational				
2. Health/Therapeutic				
3. Social				
4. Church & Civic Group				

OCHLOCKNEE MULTI-HANDICAPPED OUTREACH PROJECT

Child Identification Agency Record Form

Agency: _____ Name

_____ Address

_____

Contact Person: _____ Name

_____ Title

Project Purpose and Eligibility Criteria explained: _____ (Date)

Project Referral Procedures and Forms explained: _____ (Date)

Agency Services and Constraints Identified: _____ (Date)

Agency Description Attached: _____

Project/Agency Cooperative agreements established:

Referral _____ (Date) Documentation Attached _____

Evaluation _____ (Date) Documentation Attached _____

Direct Services _____ (Date) Documentation Attached _____

Eligible children known to agency identified for the project.

Date _____ List Attached _____

Comments: (Specific needs of project and/or agency which cannot be met through cooperative agreements.

OCHLOCKNEE MULTI-HANDICAPPED OUTREACH PROJECT

Child Identification Agency Listing of Eligible Children

Source: _____
(Name of Agency)

NAME	BIRTHDATE	PRIMARY/SECONDARY HANDICAP	PARENT NAME & ADDRESS

REFERRAL OF CHILDREN

A comprehensive, flexible referral system is the basis for the success of an early childhood special education Project. The system must be designed to facilitate the distribution and disposition of referrals. Referrals are necessary, not only to begin working with children, but also to maintain a steady flow of services to children in the community.

After health and social service agencies have been contacted and informed about the program, they will generate most of the referrals. Schools, parents, individuals, and screening programs generate the rest.

CHECKLISTS: Many teachers are concerned about particular students and would like to refer them for evaluations but are not able to focus on specific behaviors. This module includes checklists of behaviors (Appendix B) which may be indicative of visual disturbances, hearing impairment, learning disability, emotional disturbance, speech impairment, physical handicap, or chronic illness. Careful observation, using the checklists as guides, may help the teacher decide whether or not to refer for evaluation. A rule of thumb...if concerned, refer.

REFERRAL FORM: A referral form should contain basic identifying information on the child, signed parental permission, the primary reason for referral, any available test data, problem behaviors, any speech or language problems, and the degree of self-help skills exhibited by the child. There should be enough information on the referral form so that an informed decision can be made as to how best to begin serving the child.

The Initial Referral Form used by the Ochlocknee Multi-Handicapped Project has been revised several times to meet changing needs. It contains all the basic information necessary to determine a child's eligibility. (See sample in Appendix B)

The Referral Form must be filled out in its entirety to be effective. Part I of the sample contains identifying information such as name, address and date of birth. The name of the

referring person is necessary to provide a ready source of information which facilitates communication with the home and agencies.

Part II requests the results of a vision and hearing screening for all school-age children. The Snellen Vision Chart or the Sherring Vision Test may be used for vision. Impedance and pure tone audiometric screening is recommended for hearing. (Addresses and current prices of all assessment and screening instruments are listed in the last section of this module.)

Part III is for parental approval. If the parent does not approve there is space to state the reason. When parental approval is obtained, the due process rights of the parents and the child are thoroughly explained and they receive a copy of the Parental Consent for Evaluation Letter. (Appendix B)

If the child is referred by the school, the principal must also sign the referral. Since the Ochlocknee Project serves a multi-system area, all referrals, even those of children who are below school age, are routed through the System Coordinator or Director of special Education. This is done so that system personnel will be aware of all children in the Project and can keep data for serving them upon reaching school age.

Part IV contains specific information about the reason for referral and what types of services are requested. School referrals must include most recent test scores available. Test results should be attached to the referral form, to provide as much pertinent data as possible. Examples of tests on the preschool child which provide necessary information are listed in Figure II.

Figure II

Peabody Individual Achievement Test,
California Achievement Test,
Metropolitan Readiness Test,
Frostig Test of Visual Perception,
Key Math,
Illinois Test of Psycholinguistic Abilities (ITPA),
WISC-R,
Stanford Binet,
The Burks' Behavior Rating Scale,
Walker Problem Behavior Identification Checklist.

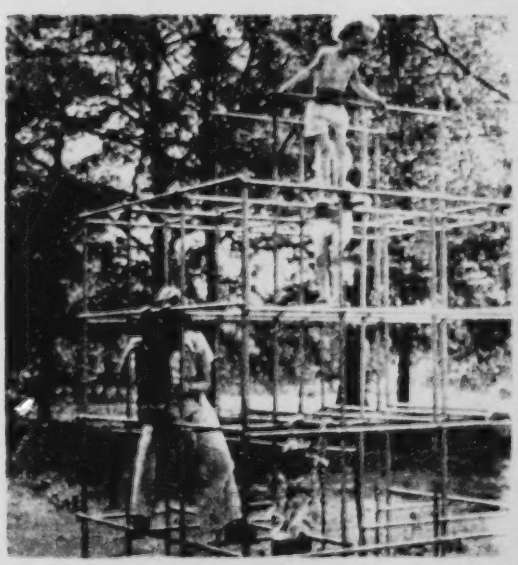


Figure III

PART V: BEHAVIOR CHECKLIST Please note for the following behaviors whether the behavior is Frequent (F), Occasional (O), or Not Noticed (NN)

	NN	O	F	COMMENTS
1. Has short attention span; unable to concentrate. Unable to pay attention long enough to accomplish a given task; overactive when given seatwork.				*HI, VI, ED, LD NI, BD, EMR, TMR*
2. Tends to avoid interacting with other children or adults. Stays apart from other children and/or adults; excessively shy with others.				*ED, HI, BD, LD, SI, VI*
3. Holds reading material close or far away. Tendency to hold books or paper very close or far away from eyes; may or may not wear glasses.				*VI, LD, ED*
4. Shows repetitive behavior. Persistent repetition of the same words, actions, or other activities.				*ED, HI, LD, MR*
5. Is uncooperative or resistant to directions or structure; impertinent, defiant, resentful, or negative. Not responsive to training or controls within reasonable bounds or classroom situation.				*ED, LP, NI, HI, VI*
6. Has academic problems not consistent with peers or suspected/identified mental abilities. Reading_____ Arithmetic_____ Spelling_____ Handwriting_____ Science_____ Language Arts_____ Physical Education_____ Other_____				*ANY AREA OF EXCEPTIONALITY*
7. Appears to have hearing problems. Asks for directions to be repeated; may not respond to noises or voices from out-of-sight; misunderstands directions.				*HI, ED, BD, LD, MR*
8. Does not complete tasks, unorganized approach to activities. Failure to finish work; disorderly approach to tasks.				*HI, LD, ED, MR*
9. Shows unusual or strange behaviors different from most children. Non-varying activities directed toward objects, rocking of body, or other behaviors not normally seen in children.				*ED, NI, MR*
10. Appears to have trouble understanding what is said by others or at near or far distances. Asks frequently for conversations or directions to be repeated. Appears to ignore directions.				*HI, ED(att. seeking)*
11. Is restless or overactive. Aimless and constantly changing movements; unable to stay with one task to completion.				*NI, LD, ED, BD, HI, VI, MR*
12. Physical complaints. Talks of bodily ailments; excessive absences due to illnesses.				*ED, HI, BD, PH, LD, NI*
13. Is moody, overly sensitive, sad, irritable, an excessive amount of time. Temperamental; subject to depression; unhappy, conveys emotions or feelings beyond the normal context of the average child.				*NI, ED, NI, SI, VI*
14. Has trouble with phonic tasks and/or sound blending tasks. May have trouble distinguishing sounds, repeating certain sounds, discriminating between similar sounding words, letters, etc.				*LD, MR, NI, ED, SI, HI*
15. Uses language which is bizarre, fearful, or shows excessive fantasy. Language which is very much out of the ordinary for children in an odd or eccentric way.				*ED*
16. Shows a pattern of continual fighting or arguing. Difficulty in getting along with other children on a consistent basis.				*BD, ED, LD, HI. VI*
17. Speech Problems:				*SI, HI,*
a. Rate — Speech unusually fast or slow				*ED*
b. Articulation — Difficulty in producing certain speech sounds				*MR*
c. Stuttering — Difficulty in speech rhythm, repetition of sounds, words, or phrases; blocking of sounds				*NI*
d. Voice Problems — Speech that is unusually soft, nasal, loud, weak, scratchy, or unusual pitch.				
18. Shows excessive attention getting behavior. Frequently seeks attention of teachers or others, speaks out of turn, overreacting to stimuli to gain attention.				*ED, BD, LD, HI, NI, VI, MR*
19. Has poor perceptual/motor skills. Has poor, fine, or gross motor skills; trouble forming letters or numbers, may have eye-hand coordination problems.				*LD, NI, ED, BD, MR, PH, VI*
20. Echos other speech. Excessive repetition of words and phrases of others.				*ED, TMR*
21. Shows common mistakes in copying words, figures from the board or desk work. Difficulty in copying from board, or desk work showing reversals, omissions and/or substitutions.				*LD, NI, VI*
22. Has motor coordination problems. Shows poor coordination, clumsy, poor balance, poor manual dexterity, awkward.				*PH, LD, VI, MR, HI*
23. Shows self-aggressive or self-degrading or physical abuse of self. Consistently acts hostile towards self through words or deeds.				*ED*
24. Lacks self-help skills:				*NI*
a. Feeding — Unable to feed self, or feeds self with great difficulty.				*PH*
b. Dressing — Unable to dress self or dresses self with great difficulty.				*ED*
c. Toileting — Unable to carry out toilet activities unaided.				*MR*
d. General Hygiene — Unable to carry out practices conducive to health, such as washing hands, brushing teeth, etc.				

ADDITIONAL COMMENTS OR NOTES: (Any information form, no matter how complete, may not be sensitive to a child's individual situation. Are there any other important data not indicated above; eg. physical appearance, peer relations, etc.?

Beside each behavior are the exceptionalities which may be indicated by that behavior. Combinations may indicate multi-handicaps.

HI - hearing impaired
VI - visually impaired
ED - emotionally disturbed
LD - learning disabled
PH - physically handicapped
NI - neurogically impaired
BD - behavior disoredered
MR - mentally retarded ceducable trainable
SI - speech impaired

Figure III illustrates Part V of the sample referral form which is a Behavior Checklist and contains explanatory notations which are provided for the reader's information. These notations indicate possible handicapping conditions but do not appear on the actual referral form when it is used by the Project. The frequency of these behaviors should be noted as each behavior can be indicative of learning problems associated with an exceptionality. By synthesizing the responses of the Behavior Checklist and the other information of the Referral Form, one can obtain an accurate picture of the child and his suspected or diagnosed handicaps and needs.

If a child exhibits just one of the behaviors, or some behaviors occasionally, there is "usually" no reason for referral. However, several of these behaviors occuring frequently, can mean that a child is in need of intervention. Therefore, all facets of the Referral Form must be studied carefully to determine the best steps to take in diagnosing and assessing the child's behaviors.

REFERRAL PROCESS

A Project must have a system whereby the referral is received and processed in the least amount of time to facilitate disposition and services, and to meet State and Federal Rules and Regulations. The system utilized by the Ochlocknee Project is outlined in Appendix B.

The referral procedures of the Ochlocknee Multi-Handicapped Project are described in detail below. Other Projects may want to adapt the system to meet their individual needs, keeping in mind the fact that certain steps of the procedure are mandated by law and others are determined by the need for expediency.

REFERRAL PROCEDURES: A referral can be initiated by many sources: family, school, health, education and social agencies, physicians or individuals who have direct contact with the child. A neighbor, or other unrelated persons, may even contact the Project with information about a child. In this case, it is necessary for Project personnel to contact the family to inquire about the child, explain services available, and initiate a referral. This would also be necessary for those children identified through screening programs.

In the case of a school referral, there are preliminary steps to be taken to insure that the child is truly in need of services before a referral to the Project is made. A teacher who is concerned about a child will complete a Help Form. (Appendix B) This is passed on to the principal, who has the child screened. (e.g. Peabody Individual Achievement Test, Walker Behavior Rating Scale, Slosson Intelligence Test) After screening, the In-School Screening Committee meets to review test results and attempt remediation and help from within the school. This information is recorded on the Conference Notes Form. (Appendix B)

The In-School Screening Committee is composed of at least five persons: classroom teachers, principal, and other school and resource personnel who are trained in specialized areas.

These may include guidance counselors, reading teachers and special education teachers.

The In-School Screening Committee attempts to help the child by various means. These may include counseling the teacher in classroom management and behavior modification techniques; contacting the parents about changes in the family pattern; or counseling with the child and his family.

If these methods prove insufficient to effect a change in the child, or if the In-School Screening Committee feels the problem is too severe to be solved within the limitations of the school, a referral is made to the system coordinator of special education. The coordinator then presents the referral to the school system Core Team.

The Core Team is composed of the special education coordinator, principals, regional special education resource personnel, and community agency representatives. The Core Team reviews the referral and recommends a course of action which may result in referral to the Project. All referrals, including preschool, are screened by the Core Team. The action and recommendations of the committee are documented on the report of Core Team Action Form. (Appendix B).

As soon as the referral and report of Core Team Action is received by the Project, it is coded and a file is made to contain all subsequent information. The referral is passed on to the Program Screening Committee, which meets weekly to review all incoming referrals. The Screening Committee is composed of representatives from the Project and any affiliated Project(s) or Programs within a Center setting.

The Screening Committee decides which Program services can obtain optimal results and the referral is given to the proper personnel.

INTAKE: If the child appears to be able to benefit from Project services, a social worker performs the intake work in the referral process. The social worker visits the home, observes child-family interaction, and obtains information from the parent or guardian of the child. This includes pre-natal history, developmental milestones, and current level of functioning in the home, as well as family background, educational and employment levels, and family feelings about the child. The social worker also administers the Preschool Attainment Record and the Burks' Behavior Rating Scale to obtain developmental and emotional maturity information.

Many times a child appears to have emotional problems in conjunction with other difficulties. In this case, the psychologist is also called in to test the child and make recommendations as to emotional development.

In the case of a child who might be hearing impaired, a current audiogram is necessary. If none is available, the social worker arranges for the child to receive audiometric testing. If the child is physically handicapped or other health-impaired, all medical records are obtained, with parental permission. These rec-

ords can come from Crippled Children's Services, Public Health Departments, and private physicians. Visually impaired children receive a thorough eye examination to make sure no further corrections are necessary.

Every effort is made to insure that all medical services and information are made available.

When a child who attends school is referred, the teacher, principal and other involved school personnel are interviewed. The social worker observes the child in his classroom to aid in determining how his handicap affects school performance and class interaction.

When a child is below school age, every effort is made to contact all those who work with the child in a care-giving capacity. This may include grandmothers, babysitters, and nursery school personnel. (Refer to **Part of a Team**, the module on the delivery of social services, for a comprehensive view of the intake process.)

STAFFING: All relevant information is presented at the Staffing. At this time, the psychologist, social worker, lead teacher, Project teacher, academic coordinator, other involved staff members, such as the speech pathologist, and agency personnel and parents if possible, meet to discuss outcomes. All the test results, medical records, and home and school interviews are presented and carefully examined by the team of experts. At this time final disposition of the referral is made.

If the child is accepted into a Project class, class placement is planned and the Individual Educational Plan (IEP) Staffing Report is written. (Appendix B) Any type of therapy, speech, occupational, or physical, is scheduled, and educational programming is planned. The child's current level of functioning and annual goals are also recorded.

If the referral to another source is seen as being most beneficial to the child, a referral is made to a cooperating agency with the parents' permission.

All information generated by the staffing is noted on the Staffing Summary. (Appendix B) If Project placement is indicated, the Staffing Summary details type of class, time of class, current level of functioning and general goals, and any additional services to be received. If the child is not accepted for Project placement, the reason is given and if another agency is to be involved, it too is named. The staff recommendations are also summarized on the Staffing Summary, along with test results and the planned educational program.

FOLLOW-UP ACTIVITIES: The staffing information is sent to the local Placement committee which may or may not include the same members as the Core Team. Each school system has its own Placement Committee which must meet and approve, in writing, any placement or referral decision pertaining to any child within its system.

The signed approval is returned to the Project and the social worker

again visits the home to obtain the parent's permission for placement. The parent receives a letter (Parental consent for Placement Letter, Appendix B) outlining the placement recommendations and their rights under due process regulations regarding placement. The Placement Recommendation Attachment (Appendix B) with the letter tells the parent tests results and a brief description of the child's proposed educational program. The parents' approval is documented by their signature on the Parental consent for Placement Form (Appendix B). If the parents do not approve of the placement they have the right, under due process regulations, to an impartial hearing, to examine all relevant records with respect to the classification or educational placement of the child, and to obtain an independent educational evaluation of the child if they so desire.

COMMENT: Although the referral process seems cumbersome and time-consuming, every step is necessary. All efforts must be made to protect the rights of the child and his family and to secure the best placement for the child. If the basic procedures outlined above are followed, it can be safely said that any child referred into the system will receive the best possible services.

APPENDIX B

CHARACTERISTICS OF THE BEHAVIOR DISORDERED CHILD

In order for these behaviors to be significant, they must occur frequently, with a high intensity and over a long period of time. Occasionally, all children exhibit these behaviors but they only become a problem when they are extreme.

1. Lying, cheating, stealing
2. Does not like being touched
3. Inappropriate laughing or crying
4. Forgetfulness
5. Unorganized approach to assignments
6. Cannot express feelings
7. Difficulty establishing personal relationships
8. Tries to manipulate people and/or situations
9. Hyperactive
10. Resistant to school attendance (may include school phobia)
11. Repetitive body movements, rocking, hand-flapping
12. Seems to fail in order to get attention
13. Self-isolation, aloofness, or withdrawal
14. Ticks, twitches, "jerky" movements
15. Ritualistic, unusual behavior
16. Aggressive towards people and property
17. Short attention span
18. Fears failure
19. Seeming insensitivity to pain
20. Avoids new experiences
21. Obscene language, cursing, sex talk
22. Does not complete tasks
23. Perseveration
24. Avoids participation in groups with adults or children
25. Pays more attention to objects than people
26. Immature behavior (inconsistent with chronological age)
27. Avoidance of eye contact, looking through or past people
28. Refusal to verbalize
29. Abnormal fears or lack of appropriate sense of fear
30. Problems with feeding, sleeping, toileting refusals
31. Self-mutilation, head-banging
32. Limited speech or echolalia
33. Easily frustrated, lacks motivation, lacks interest, apathetic
34. Overt masturbation, sexual aggression
35. Resistant to discipline, directions, and/or structure
36. Poor academic achievement
37. Physical complaints
38. Unusual language content (bizarre, strange, fantasy)
39. Suspicious
40. Jealous

(Adapted from: Referral Form Checklist, The Rutland Center, Athens, Georgia)

CHARACTERISTICS OF THE HEARING IMPAIRED CHILD

1. Cannot express feelings
2. Self-isolation or withdrawal
3. Short attention span
4. Avoids participation in groups
5. Talks too loudly or too softly
6. Limited or impaired speech
7. Unusual voice quality such as lack of inflection, distortion, monotone or guttural
8. Receptive and expressive language generally retarded
9. Easily frustrated
10. Often listens with head tilted to one side
11. Poor academic achievement
12. Poor listening skills
13. Does not respond when he is not looking at you.
14. Often wants to sit in the front or next to the person who is speaking
15. May not respond to alarms such as fire drills, etc.
16. Immature behavior
17. Lacks motivation, apathetic, lacks interest
18. Appears to be disoriented and confused
19. Hyperactive
20. Often noisy - shuffling of feet, dragging feet, slamming books on table
21. Refusal to verbalize
22. Resistant to directions
23. Pays more attention to objects than people
24. Uses gestures to express himself
25. Unappropriate and atypical laughing
26. Scans and contacts his environment through vision
27. Sensitive to visual stimuli which are used to interpret situations because of auditory deficiency

CHARACTERISTICS OF THE LEARNING DISABLED CHILD

1. Avoids work requiring concentrated visual attention.
2. Unable to learn the sounds of letters.
3. Often needs to have directions repeated.
4. Can't correctly recall oral directions.
5. Can't pronounce sounds of certain letters.
6. Is slow to finish work (daydreams a lot).
7. Overactive.
8. Tense or disturbed, twists hair, bites lip, must be excused often.
9. Mistakes left and right.
10. Poor drawings of diamond, wavy lines, man.
11. Poor handwriting.
12. Reverses and rotates letters and numbers.
13. Does very poorly in wirtten spelling tests.
14. Loses place frequently when reading aloud.
15. Omits more than one word out of ten when reading grade-level material aloud.
16. Reads slowly, points at words, can't "sound out" words.
17. Can't follow written directions.
18. Reading abiltiy 3/4 year or more below peers.
19. Trouble telling time, and arithemetic difficulties.
20. Can't regulate own behavior as well as peers.
21. Inconsistent, scatterbrained, excessively inconsistent.
22. Seems bright in many ways but does poorly in shcool.

(Meier, "Most Commonly Noted Behavior Patterns: Learning Disabled Children" January, 1971 - Journal of Learning Disabilities.)

CHARACTERISTICS OF THE PHYSICALLY HANDICAPPED CHILD

1. Unable to suck properly (infant)
2. Difficulty sitting, pulling up, crawling or walking
3. Temperature may suddenly go very high, he may develop a rash and he may feel pain or tenderness in one or more joints
4. Tingling sensations in fingers, hands or feet
5. Unexplained weight loss
6. After learning, begins to be unable to drink through a straw
7. Poor speech
8. An unusual gait when walking
9. Poor balance
10. Unusual movements over which he appears to have no voluntary control

CHARACTERISTICS OF THE CHRONICALLY ILL CHILD

1. Seems to be unable to get rid of a cough or cold
2. Fails to gain weight
3. Frequently complains of pains in a specific place
4. Rapid breathing or wheezing
5. Stomach may become swollen
6. Seems to become dizzy
7. A birthmark or mole that changes in appearance
8. Nausea or vomiting for no apparent reason
9. Habits may change
10. Bloody discharge of any type
11. Parents may comment that a child tastes salty when kissed

(Adapted from: Childcare and Developmental Occupations: Competency Based Teaching Modules, Atlanta Public Schools, Atlanta, Georgia)

CHARACTERISTICS OF THE SPEECH IMPAIRED CHILD

The main characteristic of a speech impairment is that the child's speech is noticeably different from other children his age.

1. Articulation

   Omissions - The speaker may omit sounds in any position. Examples: at for sat, shoe for shoes or liary for library.

   Substitutions - The speaker may put in incorrect sounds. Examples: fumb for thumb, wed for red.

   Distortions - The speaker does not clearly say a sound. Examples: The slushy sound produced when the child sucks in air when attempting to make an 's' sound.

   Additions - The speaker adds sounds. Example: tomorowror for tomorrow.

   Stuttering - The speaker may hesitate, repeat, prolong or block sounds. In addition to the difficulty in speaking in rhythm, the speaker may blink his eyes, stamp his feet, play with buttons, make a fist, grimace or do some other consistent body activity when trying to speak.

2. Voice

   Pitch - The speaker may consistently speak in a voice higher or lower than normal.

   Loudness - The speaker's voice may be consistently too loud or too soft.

   Quality - The speaker may consistently have a breathy, harsh, horase or nasal sounding voice.

   Duration - The speaker may take a longer or shorter period of time to say sounds or words or before pauses.

(Adapted from: Childcare and Development Occupations: Competency Based Teaching Modules, Atlanta Public Schools, Atlanta, Georgia.)

CHARACTERISTICS OF THE VISUALLY IMPAIRED CHILD

1. Crusts on eye lids among lashes
2. Red eyelids
3. Recurring styes or swollen lids
4. Watery eyes or discharges
5. Lack of coordination in directing gaze of the two eyes
6. Reddened conjunctiva
7. Sensitivity to light
8. Rubs eyes frequently
9. Attempts to brush away blur
10. Has dizziness, headaches, or nausea following close work
11. Is inattentive in charkboard, wall-chart or map lessons
12. Complaines of itchy, burning or scratchy eyes
13. When looking at distant objects:
    a. holds body tense
    b. contorts face in attempt to see distant things clearly
    c. thrusts head forward
    d. squints eyes excessively
14. When reading:
    a. blinks continually
    b. holds book too far from face
    c. holds book too close to face
    d. makes frequent change in distance at which book is held
    e. is inattentive during lesson
    f. stops after brief period
    g. shuts or covers one eye
    h. tilts head to one side
    i. tends to reverse words or syllables
    j. tends to look corss-eyed
    k. tends to lose place on page
    l. confuses the following in reading or spelling:
       o's and a's, e's and c's, n's and m's, h's and n's and
       r's, f's and t's.

(Adapted from Vision Screening of Children, Georgia Department of Human Resources.)

INITIAL REFERRAL FORM

Referral of a child or youth, age 0-20 years, suspected of having special learning needs may be made by any person or agency. All referrals require signed parent consent.

Referrals should be sent to the local School Superintendent's office.

Please Note: It is very important that the referral form be completely filled out. All requested information should be provided to assist in the provision of needed services. **Copies of School Screening Services should be attached.**

PART I: IDENTIFICATION

Child's Name _____ School System_____

Birthdate____/____/____ Mo/Day/Year Race Black White (circle one) Other_____ Date of Referral____/____/____ Mo/Day/Year

Sex_____ School Enrolled_____ Grade_____

Referring Person _____ Position_____ Agency_____

Parent/Guardian _____ Telephone_____

Address _____
Street City

PART II: SCREENING [Required for all school age referrals]

Vision Screening
Date_____ Results _____

Hearing Screening
Date_____ Results _____

PART III: APPROVAL (Parental approval is required before any referral may be accepted for action)

It has been explained to me why an evaluation of my child _____ is necessary.
Name

____I agree for the_____School System to carry out psychological and/or educational evaluations of my child. I understand I will be told of the time and place.

____I do not agree for the following reasons _____

_____

_____
Signature Date

As a designated school system representative I have explained the due process rights and procedures to the child's parent/guardian and have provided them a copy of the Parent Consent for Evaluation-A.

_____
Signature Date

Referral Approved _____
Principal (School Referral Only) Coordinator of Special Education

PART IV: SCREENING INFORMATION (This information will assist us in delivering appropriate services to referrals.)

1. Why have you referred this child?
2. What services would you like provided for this child?
3. Does the child have any known physical problems or handicaps? (List)

_____

4. Academic Achievement:

Reading: Date_____ Test Used_____ Results _____

Math Date_____ Test Used_____ Results _____

5. Mental Maturity or IQ Tests:

Date_____ Test_____ Results _____

Date_____ Test_____ Results _____

PART V: BEHAVIOR CHECKLIST Please note for the following behaviors whether the behavior is Frequent (F), Occasional (O), or Not Noticed (NN)

	NN	O	F	COMMENTS
1. Has short attention span; unable to concentrate. Unable to pay attention long enough to accomplish a given task; overactive when given seatwork.				
2. Tends to avoid interacting with other children or adults. Stays apart from other children and/or adults; excessively shy with others.				
3. Holds reading material close or far away. Tendency to hold books or paper very close or far away from eyes; may or may not wear glasses.				
4. Shows repetitive behavior. Persistent repetition of the same words, actions, or other activities.				
5. Is uncooperative or resistant to directions or structure; impertinent, defiant, resentful, or negative. Not responsive to training or controls within reasonable bounds or classroom situation.				
6. Has academic problems not consistent with peers or suspected/identified mental abilities. Reading_____ Arithmetic_____ Spelling_____ Handwriting_____ Science_____ Language Arts_____ Physical Education_____ Other_____				
7. Appears to have hearing problems. Asks for directions to be repeated; may not respond to noises or voices from out-of-sight; misunderstands directions.				
8. Does not complete tasks, unorganized approach to activities. Failure to finish work; disorderly approach to tasks.				
9. Shows unusual or strange behaviors different from most children. Non-varying activities directed toward objects, rocking of body, or other behaviors not normally seen in children.				
10. Appears to have trouble understanding what is said by others or at near or far distances. Asks frequently for conversations or directions to be repeated. Appears to ignore directions.				
11. Is restless or overactive. Aimless and constantly changing movements; unable to stay with one task to completion.				
12. Physical complaints. Talks of bodily ailments; excessive absences due to illnesses.				
13. Is moody, overly sensitive, sad, irritable, an excessive amount of time. Temperamental; subject to depression; unhappy, conveys emotions or feelings beyond the normal context of the average child.				
14. Has trouble with phonic tasks and/or sound blending tasks. May have trouble distinguishing sounds, repeating certain sounds, discriminating between similar sounding words, letters, etc.				
15. Uses language which is bizarre, fearful, or shows excessive fantasy. Language which is very much out of the ordinary for children in an odd or eccentric way.				
16. Shows a pattern of continual fighting or arguing. Difficulty in getting along with other children on a consistent basis.				
17. Speech Problems:				
a. Rate — Speech unusually fast or slow				
b. Articulation — Difficulty in producing certain speech sounds				
c. Stuttering — Difficulty in speech rhythm, repetition of sounds, words, or phrases; blocking of sounds				
d. Voice Problems — Speech that is unusually soft, nasal, loud, weak, scratchy, or unusual pitch.				
18. Shows excessive attention getting behavior. Frequently seeks attention of teachers or others, speaks out of turn, overreacting to stimuli to gain attention.				
19. Has poor perceptual/motor skills. Has poor, fine, or gross motor skills; trouble forming letters or numbers, may have eye-hand coordination problems.				
20. Echos other speech. Excessive repetition of words and phrases of others.				
21. Shows common mistakes in copying words, figures from the board or desk work. Difficulty in copying from board, or desk work showing reversals, omissions and/or substitutions.				
22. Has motor coordination problems. Shows poor coordination, clumsy, poor balance, poor manual dexterity, awkward.				
23. Shows self-aggressive or self-degrading or physical abuse of self. Consistently acts hostile towards self through words or deeds.				
24. Lacks self-help skills:				
a. Feeding — Unable to feed self; or feeds self with great difficulty.				
b. Dressing — Unable to dress self or dresses self with great difficulty.				
c. Toileting — Unable to carry out toilet activities unaided.				
d. General Hygiene — Unable to carry out practices conducive to health, such as washing hands, brushing teeth, etc.				

ADDITIONAL COMMENTS OR NOTES: (Any information form, no matter how complete, may not be sensitive to a child's individual situation. Are there any other important data not indicated above; eg. physical appearance, peer relations, etc.?)

REFERRAL PROCEDURES

	ACTION	FORM	NOTES
Step 1.	In-School Screening Committee	HELP! Form Screening Reports	a. Receive request from teacher. b. Develop screening reports. c. Develop recommendations for in-school services.
		Completed Referral Form	d. Complete referral form with signed Parent Consent for referral.
Step 2.	System Coordinator of Special Education	Supplementary Information	a. Reviews referral form for completeness. b. Accepts referral for screening by Core Team. c. Contacts other agencies to determine if other information is available (PHD, DFCS, SWGPEC, Mental Health, Other).
Step 3.	Core Team	Report of Core Team Action	a. Review referral and supplementary information. b. Screen for PHR or SHR, priority of services to be provided. c. Route for intake services. d. Route to other agencies (PHD, DFCS, Mental Health, SWGPEC, Other).
Step 4.	Intake Services Intake Services by Local System -and/or- Intake Services by the Ochlocknee Project -or-	Intake Services Reports	Examples: Speech/Language Evaluations, Academic Achievement, Learning Aptitude, Mental Maturity, Observation, Parent Consultation, Medical Evaluation, Other. Examples: Psychological Evaluation, Psychoeducational Intake, Multi-Handicapped Intake, Teacher - Parent Consultation, Observation, Infant Services, Other.

	ACTION	FROM	NOTES
Step 4 Cont.			
	Follow-through Services by The Ochlocknee Project and Local System.		Examples: Crippled Children's Unit, Mental Health Services, Training Centers for Developmentally Disabilities, Georgia Center for Multi-Handicapped, Other.
Step 5.	Staffing	Report of Core Team Action	Examples: Self-contained, itinerant, resource services, referral to other agencies, parent work, waiting list, not accepted (reasons), other.
	and		
	Recommendation for Enrollment or Follow-through Services	The Ochlocknee Project: Staffing Summary Form	
Step 6.	Approval of Recommendation by System Placement Committee	Report of Core Team Action	
Step 7.	Parent Consent for Enrollment	Parent Consent for Enrollment Form with Letter	
Step 8.	Enrollment or Follow-Through Services	Anecdotel Documentation	
Step 9.	Develop Individual Education Program Plan with Parent Consent (Coordinator, Classroom Teacher, Parent).	I.E.P. Form	
Step 10.	Re-Evaluation	Report of Core Team Action	
Step 11.	Termination	Report of Core Team Action and The Ochlocknee Project Staffing Summary Form	

PARENTAL CONSENT FOR EVALUATION

Date_____

Dear_____:
Parent or legal guardian

Your child_____has been referred for psychological and/or educational evaluation by

_____ _____
(Name) (Position)

We believe that an assessment of your child's intellectual, emotional and academic status is needed for educational planning. The evaluator who works with your child may use tests of intellectual, emotional, perceptual and/or language functioning.

Within 30 school days following the evaluation, you will be given the opportunity to discuss the results with the examiner.

No change will be made in your child's educational program until you are consulted. You will be given the opportunity to participate in all program committee meetings when the educational recommendations for your child are being developed. Such meetings will be held at a pre-announced time to enable you to be present if you so desire.

In the event that no response is received from you within 15 school days, an appropriate school official will visit your home to determine the reason for lack of response.

Should you have any questions as to the reasons for the referral or the nature of the evaluation, you should call the school.

A local Hearing Review Board is available for the purpose of impartially judging the evaluation or placement decisions of the Special Education Placement Committee. Either you or the local school system may file an appeal to the Board if a conflict exists.

As a designated school representative, I have explained the above information to the child's parent/guardian and have provided them a copy of this information.

_____/_____
Signature of school representative Date

HELP

Name_____ Date_____

Date of Birth_____ Age_____

Grade_____ Parent or Guardian_____

Address_____ Telephone_____

Agencies where child has received services:

Mental Health Center_____ Health Department_____

Welfare Department _____ Ochlocknee Children's Center_____

Other_____

Describe behaviors about which you are concerned:

Conference requested? _____ When? _____

What time? _____

_____
Teacher

CONFERENCE NOTES

Student_____Conference Date_____

Persons Attending Conference:

Principal_____

Teacher/s_____

Others_____

Means Used in Identifying Student Needs:

Action to be Taken by:

Principal Teacher

Other

School System_____

Initial___Re-Evaluation_____

REPORT OF CORE TEAM ACTION

I.D. #_____

Student's Name_____Birthdate__/__/__Date of Referral_____

School Enrolled_____

SCREENING SERVICES	Service to be Provided	Route To	Staff Present
Date_____ PHR_____SHR_____ Priority_____			
SWGPEC Screening Date_____ PHR_____SHR_____ Priority_____			

INTAKE SERVICES

Service_____Provided By_____Date Provided_____

Service_____Provided By_____Date Provided_____

Service_____Provided By_____Date Provided_____

White Copy to Student File
Colored Copy to The Children's Center
Ochlocknee, GA 31773

SOUTHWEST GEORGIA PROGRAM FOR EXCEPTIONAL CHILDREN

STAFFING SUMMARY

Complete before staffing

Program: SED HI MH IT

Name_____
Birthdate_____
Referral Source_____
School_____
System_____

Identification #_____

Staffing Date_____

Type of Staffing:
Initial _____
Restaffing _____

Psychologist_____

Social Worker_____

Teacher(s)_____

Tentative class placement:
Teacher_____A.M.___P.M._____
Level of parent participation expected:
Minimal___Intermittent___Extensive___

If tracking, parent work only, or itinerant - staff responsible_____
How often?_____

Complete at staffing

Disposition:

Accept/Enroll _____
Accept/Enroll for Evaluation
Time:_____wks. _____
Accept/Waiting List _____
Itinerant _____
Itinerant: Waiting List _____
Parent Work Only _____
Not Accepted: referred to
other sources: _____
EMR _____
TMR _____
Private Treatment _____
LARC _____
Regular Pre-School _____
Regular School _____
Crippled Children _____
Speech/Hearing Clinic_____
Other_____
Non-Acceptance: Reason_____

Termination:
Itinerant _____
Improved _____
Final _____
Withdrawn_____Reason_____

Educational planning
(no change in placement) _____
Psychiatric Consultation _____

****

WISC
V -
P -
FS -

Summary and Recommendations

Form A

I. E. P. STAFFING REPORT

Student_____ System_____

Committee Members Present Staffing Date_____

Chairman:_____ _____ _____

Current Functioning:

1. Academics

4. Behavior

2. Social

5. Testing

_____ _____

_____

3. Other _____

_____

Recommended Services Time in Each

_____ _____

_____ _____

_____ _____

Service Coordinator_____ Program Responsible_____

Annual Goals_____

_____

_____

I have reviewed this report and been informed of its contents.

Parent Signature_____ Date_____

School Representative_____ Date_____

Position_____

Parent/Guardian Contact	
Date_____	Response_____
Date_____	Response_____
Date_____	Response_____

The Ochlocknee Project
Parental Consent for Placement

Dear_____:

On _____, the Special Education Placement Committee of your child's school met. As a result of this meeting, the following recommendations were made regarding_____.

Attached is a statement of the reasons for this recommendation including specific tests and report upon which the proposed action is based. A description of the recommended program change is also included.

If there should be a question about this placement, you may request a conference or you may appeal this decision through established process procedures. However, the burden of proof regarding the placement recommendation lies with the school system. In addition, an independent evaluation by a certified or licensed examiner may be obtained if you so desire.

In the event that no response is received from you within 15 school days, an appropriate school official will visit your home to determine the reason for lack of response.

The attached form should be completed and returned to your child's principal as soon as possible.

Sincerely yours,

_____
(Special Education Director)

Date:_____

PLACEMENT RECOMMENDATION ATTACHMENT

Dear Parent:

Your child, _____, has been tested and was found to have_____.

The following tests were administered:

It is our recommendation that your child be enrolled in _____ _____ on _____ from _____ at _____ school.

The following is a description of your child's program:

Parental Consent for Placement
Form B

I have read or have had read to me the following statement.

This is to certify that I approve of _____.

I understand that this action has been considered and recommended by the Special Education Placement Committee and that it is believed to be in the best interest of my child.

_____Yes, I do agree with this placement.

_____No, I do not agree with this placement.

Reasons for non-agreement_____

_____

_____

__ _____

I would like a conference concerning my child's placement._____

_____
Parents or Guardians Date

_____
Teacher Date

_____
Principal Date

ASSESSMENT OF CHILDREN

Assessment of children is a vital component of any Project dealing in direct services. There must be an initial assessment to determine the child's level of functioning and how it is affected by the handicap. This testing must be done by the Project teacher to determine entry skills and areas which need remediation. This is the pre-test. On-going evaluation is also necessary to insure that the child is progressing satisfactorily, and that no needed skills are being overlooked. In addition, testing is vital at the end of the school year or teaching period to note what skills have been obtained and areas which still need intervention. This comprises the post-test.

Many tests, checklists, and other assessment tools are available. These range from simple "can-cannot" checklists to packaged test kits which include involved administration instructions and all necessary materials. Tests measure everything from the muscle tone of an infant to mathematical computation skills.

Since the decision of what tests to use is determined by age range, type of disability, services available and cost factors, each Project must choose the assessment tools which will best fill their own needs.

The Ochlocknee Project has used many different types of tests in years of operation. These are listed in the following section by age and area assessed, along with address and current cost.

SCREENING: Screening tests are valuable and necessary to determine which children can possibly be served by the Project, which children may need to be referred to other community resources and which children do not need any intervention or treatment.

Screening devices must only be used as gross measures to determine if further evaluation is necessary. Since many screening tests only check sample behaviors and responses, they should not be used for placement or to plan programs. Screening tests can only indicate the possibility of a problem and are not valid for in-depth evaluation.

Screening tests for young children check development in many areas. These include hearing, vision, developmental levels, language, intelligence, cognition and perception. The areas are discussed below and tests used by the Ochlocknee Project will be listed. For further information, it is suggested that the publisher be contacted.

HEARING: Hearing screenings can indicate possible hearing losses at an early age. An undetected hearing impairment can continue to impede a child's progress all through the school years. For vision and hearing tests, any child who fails should return for rescreening at a later date. If he fails a second time he should be referred for further evaluation. The referral can be made either to a private physician or to the Public Health Department. In addition to a puretone audiometer used for the hearing screening, either of the following screening devices are acceptable.

-Impedance Bridge ($1600.00)
(Infancy Up)
Telecoustics
P.O. Box 1635
Titusville, FL. 32780

-Verbal Auditory Screening
for Children
(VASC) ($500.00)
(3 - 6 yr.)
Suburban Plaza
2625 N. Decatur Rd.
Decatur, GA. 30033

VISION: The visual screening tests listed below only test visual acuity. That is the ability to see at a distance. Passing these tests does not mean that the child does not have another visual dysfunction. As in any screening or test situation, it is important to note any physical problems or behaviors which can affect the outcome of the screening. Refer to Appendix B for the Visual Impairment Checklist.

-Snellen Vision Chart
(Preschool Up)
Bausch & Lomb Co.
Buffalo, N.Y. 14200

-Scherring Vision Test ($5.50)
(Preschool Up)
LHDV - 2
The New York Association
for the Blind
New York, N.Y. 10022

DEVELOPMENTAL: Screening tests in this area check behaviors in fine motor, gross motor, language, personal-social, and cognitive areas. These areas may be given different names and may be sub-divided, but they all basically test for the same type of responses. Some tests are easier to administer than others, some have a more convenient format than others, and some are more comprehensive than others. Each Project should review available screening devices and decide for themselves which tests to use. These tests are divided into different age levels in which items may be expected to occur. Each test also has its own criteria of pass or fail, and these should be closely followed.

-Comprehensive Identification
Process (CIP)
(Approx. $60.00) (3 - 6 yrs.)
Scholastic Testing Service, Inc.
Bensenville, IL. 60106

-Denver Developmental Screening Test ($6.25) (0 - 6 yrs.)
LADOCA Project and Publishing Foundation, Inc.
East 51 Street and Lincoln St.
Denver, CO. 80216

-Meeting Street School Screening Test ($14.50) (K - 2)
Mercury Mail Advertising, Inc.
Providence, R.I.

SPEECH AND LANGUAGE: Language screening is incorporated into many of the developmental tests but there are some tests that screen language in isolation. These devices can be used to determine if the child does exhibit a language deficit or if the problems are normal for that age.

-Slingerland Screening Test for Children with Specific Language Disability ($4.80 per grade)
(1 - 6 grade)
Educators Publishing Service, Inc.
75 Moulton Street
Cambridge, MS. 02138

-Comprehensive Identification Process (CIP)
(Approx. $60.00) (3 - 6 yrs.)
Scholastic Testing Service, Inc.
Bensenville, IL. 60106

TESTING: After screening, further testing may be necessary. Some tests administered at the time of placement can also be used after intervention to determine amount and rate of development.

DEVELOPMENTAL: Developmental tests are especially valuable with young children. The evaluator must be careful not to use these tests to predict future performance. The tests should only be used to determine the child's present level of development and achievement. Developmental tests indicate where the child is functioning at the time of testing and what the next step in the developmental programming would be.

-Bayley Scale of Infant Development ($98.00) (0 - 42 mo.)
The Psychological Corp.
304 E. 4th Street
New York, N.Y. 10017

-Carolina Developmental Profile ($.75) (3 - 5 yrs.)
Kaplan School Supply Corp.
600 Jamestown Road
Winston Salem, N.C. 27103

-Learning Accomplishment Profile Diagnostic Edition (Revised) ($150.00) (0 - 72 mo.)
Kaplan School Supply Corp.
600 Jamestown Road
Winston Salem, N.C. 27103

-Learning Accomplishment Profile
($2.50) (0 - 6 yrs.)
Kaplan School Supply Corp.
600 Jamestown Road
Winston Samlem N.C. 27103

-Lexington Developmental Scale
($4.50) (0 - 6 yrs.)
United Cerebral Palsy of the
Bluegrass, Inc.
Lexington, KY. 40503

-Project Vision UP
($140.00) (0 - 6 yrs.)
Educational Projects Training
Foundation
6025 Chestnut Drive
Boise, ID. 83704

-Revised Portage Guide to Early
Education with Checklists
(Approx. $25.00) (0 - 6 yrs.)
Cooperative Educational Service
Agency
412 E. Silfer St.
P.O. Box 564
Portage, WI 53901

-Vineland Social Maturity Scale
($22.50) (up to Adult)
Western Psychological Services
12031 Wilshire Blvd.
Los Angeles, CA. 90025

SPEECH AND LANGUAGE: Language deficits may or may not be associated with another handicap. Poor language can also be attributed to environmental factors or lack of stimulation. Since speech and language problems can affect all areas of development, the child should be assessed if there is any possible indication of a problem. Speech and language tests assess vocabulary, articulation, and comprehension.

-Assessment of Children's Language
Comprehension
($14.50) (3 - 6.6 yrs.)
Consulting Psychologists Press, Inc.
577 College Ave.
Palo Alto, CA. 94306

-Carrow Elicited Language Inventory
($44.95) (3 - 7 yrs.)
Learning Concepts
2501 North Lamar
Austin, TX. 78705

-Goldman-Fristoe Test of Articulation
($22.60) (2 - Adult)
American Guidance Service
Publishers Building
Circle Plaines, MN 55014

-Vocabulary Comprehension Scale
($39.95) (2 - 6 yrs.)
Learning Concepts
2501 North Lamar
Austin, TX. 78705

EMOTIONAL: Emotional development can be measured to some extent. Behavior scales are helpful in determining the areas in which a child's emotional behavior fluctuates from the norm enough to produce inappropriate responses and relationships which may affect learning and development.

-Burks' Behavior Rating Scale
($23.50) (School Age)
Preschool Burks' Rating Scale
(through Kindergarten)
Arden Press
8331 Alverado Drive
Huntington Beach, CA. 92646

-Walker Problem Behavior
Identification Checklist
($9.50) (6+)
Western Psychological Services

12031 Wilshire Blvd.
Los Angeles, CA. 90025

COGNITIVE: Some cognitive tests focus on just one aspect of learning such as reading or mathematics. Others test these skills along with spelling, general knowledge, etc. Some tests assess a child's reasoning power and other tests look at readiness for academics.

-Basic Educational Skills Inventory
BESI ($48.00) (K - 8 grade)
Select-Ed., Inc.
P.O. Box 323
Olathe, KS. 66061

-Boehm Test of Basic Concepts
($7.75) (4 - 7 yrs.)
The Psychological Corporation
304 East 4th Street
New York, NY. 10017

-Fountain Valley Reading Test
($96.00 per level) (7 - 11 yrs.)
Fountain Valley Mathematics
($83.50 per level) (4 - 13 yrs.)
E & S Associates
P.O. Box 7127
Montogomery, AL. 36108

-Key Math Diagnostic Arithmetic Test ($25.00) (5 - 12 yrs.)
American Guidance Service
Publishers Building
Circle Plaines, MN. 55014

-Metropolitan Readiness Test
($11.75) (5 - 7 yrs.)
The Psychological Corp.
304 E. 4th Street
New York, NY. 10017

-Peabody Individual Achievement Test (PIAT)
($36.00) (K+)
American Guidance Service
Publishers Building
Circle Plaines, MN. 55014

-Peabody Picture Vocabulary Test (PPVT) ($14.00) (2.6 - Adult)
American Guidance Service
Publishers Building
Circle Plaines, MN 55014

-Stanford Achievement Test
(Approx. $12.00 per level)
(9 - 15 yrs.)
The Psychological Corp.
304 E. 4th Street
New York, NY. 10017

-Woodcock Reading Mastery Tests
($22.00) (K - 12 grade)
American Guidance Service
Publishers Building
Circle Plaines, MN. 55014

-Wide Range Achievement Test (WRAT) ($19.50) (9½ to Adult)
Western Psychological Services
1203 Wilshire Blvd.
Los Angeles, CA. 90025

PERCEPTUAL: The perceptual tests used by the Project assess the child's ability to organize or interpret the raw data obtained through the senses. Perceptual-motor tests assess the interaction of the various channels of perception with motor activity.

-Bender Visual-Motor Gestalt Test
($3.50) (6 yrs. Up)
The Psychological Corp.
304 E. 4th Street
New York, NY. 10017

-Developmental Test of Visual Motor Integration (VMI)
The Psychological Corp.
304 E. 4th Street

-Developmental Test of Visual Motor Integration (VMI)
(Approx. $50.00) (2 - 15 yrs.)
Follett Publishing Co.
1010 W. Washington Blvd.
Chicago, IL. 60607

-Frostig Developmental Test of Visual Perception
(Approx. $50.00) (4 - 8 yrs.)
Follett Publishing Co.
1010 W. Washington Blvd.
Chicago, IL 60607

-Motor Free Visual Perception Test
($17.50) (4 - 8 yrs.)
Academic Therepy Publications
1539 Fourth Street
San Rafael, CA. 94901

-Progressive Matrices
($5.50 per set) (5 - 65 yrs.)
The Psychological Corporation
304 East 4th Street
New York, NY. 10017

-Purdue Perceptual Motor Survey
($5.35) (6 - 10 yrs.)
Charles E. Merrill Publishing Co.
1300 Alum Creek Drive
Columbus, OH. 43216

INTELLIGENCE: Intelligence tests are important for special class placement and as predictors of performance. However, so many variables enter into testing that the evaluator must be careful not to use I.Q. test scores as the sole indicator of a child's future learning. Some of the tests listed below are designed especially for use with handicapped children but can be used with all children.

-Columbia Mental Maturity Scale
($57.00) (3.6 - 10 yrs.)
The Psychological Corp.
304 E. 4th Street
New York, NY. 10017

-Illinois Test of Psycholinguistic Abilities (ITPA)
($64.50) (2 - 10 yrs.)
University of Illinois Press
Urbana, IL. 61801

-Leiter International Performance Scale ($400.00+) (2 - Adult)
Western Psychological Service
12031 Wilshire Blvd.
Los Angeles, CA 90025

-Otis-Lennon Mental Ability Test
(Different Tests for all Levels)
($9.50 Each Level) (K - Adult)
The Psychological Corp.
304 East 4th Street
New York, NY. 10017

-Slosson Intelligence Test
($7.50) (5 mo. - Adult)
Slosson Educational Publications, Inc.
P.O. Box 280
East Aurora, NY. 14052

-Stanford Binet Intelligence Scale
($65.00) (2 yrs. - Adult)
Houghton Mifflin Company
666 Miami Circle, NE
Atlanta, GA. 30324

-Wechsler Intelligence Scale for Children (Revised) (WISC-R)
($41.00) (6 - 16 yrs.)
The Psychological Corp.
304 East 4th Street
New York, NY. 10017

-Wechsler Preschool and Primary Scale of Intelligence (WPPSI)
($33.00) (4 - 6½ yrs.)
The Psychological Corporation
304 East 4th Street
New York, NY. 10017

ON-GOING ASSESSMENT: On-going assessment is necessary so that the teacher can correctly evaluate the students' daily progress. The Ochlocknee Project uses several different methods to keep this evaluation up-to-date and comprehensive.

One method of daily evaluation is Anecdotal Records. Daily lesson plans are individualized for each child within five developmental areas (language and communication, social-emotional, psychomotor, self-help, and cognitive). Teachers and aides evaluate daily progress in an anecdotal record notebook. This includes how well the child performed the activities, if the child used the planned vocabulary, any new spontaneous speech, and any suggestions for alternative teaching strategies.

Management Record Forms (Appendix C) are an excellent way to determine how well a child has mastered a single skill. The teacher's stimulus, schedule of reinforcement, input and output modalities, and performance criteria are written out before the session. The number of correct responses and incorrect respones are recorded. From this the teacher can determine the child's level of mastery. This form has been used successfully when assessing specific skills such as: sound production, gross sound discriminations, color matching, shape identification, and spelling.

An informal method of assessment is a teacher-made checklist. The teacher simply makes a list of desired responses and then checks whether or not a child knows them. For example, during a unit on Body Parts the teacher can list those body parts which have been discussed in class and indicate if the class can identify them.

	Joey	Susan	Andy	Rosa	Danny	Amy
Arm	+	-	+	+	-	-
Knee	+	+	-	+	-	-
Neck	-	-	-	+	+	+
Tongue	+	+	+	+	+	+
Thumb	+	-	-	+	-	-

INDIVIDUAL EDUCATIONAL PROGRAM (IEP): Since the passage of Public Law 94-142 all children in special education programs must have an Individual Educational Program. This plan is written to insure that the needs of the child are being met and that school placement is the least restrictive and in the most appropriate educational setting possible.

Before planning a program there must be a thorough evaluation of the child, not only academically, but in all areas of growth and development.

When all assessment data - plus anecdotal information from home and school - have been compiled, a committee meets to write the second part of the I.E.P. (Appendix C) The first part is written at the initial planning staffing.

The committee should be composed of a representative of the local education agency, the child's teacher or teachers, the parents, and the child when appropriate. Every effort must be made to secure the presence of the parents or guardians, including letters, telephone calls and rescheduling. If the parent cannot attend, a copy of the completed program must be delivered or sent to them for approval and signature.

The Individualized Educational Program must include:

-A statement of the present levels of educational performance of the child.

-A statement of annual goals, including short term instructional objectives.

-A statement of the specific educational services to be provided to the child and the extent to which the child will be able to participate in regular educational programs.

-The projected date for beginning services and the anticipated duration of these services.

There must be appropriate objective criteria and evaluation procedures and schedules for determining, at least on an annual basis, whether instructional objectives are being achieved.

Many factors must be taken into consideration when an exceptional child's educational future is being determined. Not only educational needs, but social and emotional needs, must enter into the final decision. Administrators and teachers must keep abreast of new facilities and services within their community and surrounding area, so that as each child's placement is being determined, every option can be considered to insure the best program possible.

TREATMENT TEAM: Another form of assessment employed by the Ochlocknee Multi-Handicapped Project is the Treatment Team. Composed of the child's teacher, lead teacher, social worker, any others who have direct contact with the child, and the child's parents, if possible, the Treatment Team meets every five weeks to review progress and share information.

At the first Treatment Team meeting of the year, educational objectives from the I.E.P. for the next ten weeks are discussed and potential teaching strategies are devised. Every ten weeks previous objectives are evaluated, subsequent objectives are decided upon, and alternative instructional techniques, if necessary, are chosen. The teacher, social worker, and therapist may all contribute objectives. The entire Treatment Team approves or modifies

these objectives, which then become part of the child's curriculum.

Since Treatment Team meets every five weeks and the objectives are for ten weeks, the interim meeting serves as a communication session. Each team member shares any new information about the child, including progress in Project class and any other educational program. A Treatment Team summary is completed and becomes part of the child's permanent record.

REPORT CARDS: Report cards (Appendix C) are issued during the reporting period of each child's school system and provide another means of on-going assessment. One copy of the report card is sent to the child's teacher at the integrated placement site, one copy is sent to the home, and a third copy is kept in the child's file by the Project.

Each skill can be indicated by one of five categories:

-**Mastered**: Child has learned and can demonstrate a knowledge of.

-**Satisfactory**: The teacher has been working on this skill; the child is progressing and hopefully by next reporting period the child will have mastered. This is an interim step between Working on and Mastered.

-**Working on**: This is the teacher's focus for that grading period. This skill could soon be rated as Satisfactory Progress or Mastery. Be careful not to check too many items in this column. Parents might overburden the child.

-**Not working on**: This is checked because the skill is basically too high a level developmentally. ("Not working on" does not mean a child has mastered it and is no longer working on it.)

-**Not appropriate**: Something very unique to a child's individual handicapping condition.

The report card is sequential and developmental. A child should master the lower level skills prior to those checked as Satisfactory or Working on.

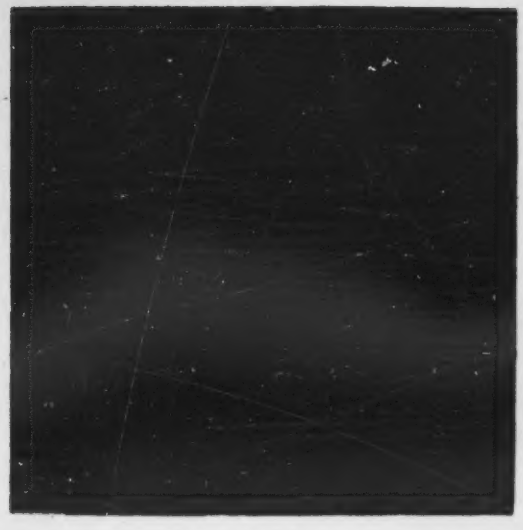
If the child is in speech therapy, the therapist also completes a section of the report card. Using the same categories as the rest of the report card, the therapist indicates skills which the child has mastered during the reporting period and the skills upon which he is working. Specific sounds, voice problems and vocabulary words are listed.

The report card is not only a reporting tool, but is a running record of the skills that the child has mastered and the next step on the developmental ladder.

COMMENT: Screening and assessment are valuable and essential but must be considered in their proper perspective. Screening should be used to determine if more assessment is indicated. Test results, on the other hand, should be utilized in planning a child's program and deciding the child's needs. No test is important if it is administered, scored, and filed, without utilizing direct reference to the abilities and problems of the child himself in on-going programming.

Formal tests, teacher-made checklists, daily evaluations and individualized evaluation forms must be combined with careful observation to obtain a total picture of the child. The child should be observed in structured and non-structured situations, at work and at play, and interacting with his peers and family.

Testing for the sake of testing and in isolation is worthless.



TEST MATRIX DESCRIPTION

This matrix was developed to aid teachers in the selection of assessment instruments to use with young handicapped children. When using the matrix, the primary handicapping condition and any concomitant handicaps should be considered, according to the severity of each one.

The descriptors are coded with the severely handicapped child in mind. If a child's handicap is mild, performance on many of the tests would not necessarily be affected. However, when choosing a test, the teacher or administrator must be cognizant of the many factors which might influence test administration or performance. Each child's performance must be individually assessed in terms of his abilities as well as his handicap(s). Two children with similar handicaps may function in a different manner.

Descriptor "A" Signifies that the screening device should detect that the child has some type of handicap and that further testing is necessary to determine the extent of the handicap.

Descriptor "B" Indicates that the test can be used with that handicap but the child may have to respond in a different manner than the test calls for without changing the validity of the test. The VASC (auditory screening device) requires a child to point to a specific picture when the word is heard through headphone. A visually-impaired child could repeat the word as it was heard, instead of pointing.

Descriptor "C" Means that the child's handicap may have an influence on the administration or scoring of the test. This does not mean that the test in a particular area will be influenced by the handicap. For instance, every speech and language test will be affected by a hearing impairment, but it is still necessary to assess the child's level of speech and language. The child's handicap must be taken into consideration if test results are to be fair. For example, on the observational behavior rating scale, a child may appear to exhibit inappropriate behavior, but this could be because he can not see or hear well enough to have a "normal" profile.

Descriptor "D" Indicates that this test is often used specifically with this handicap - either to evaluate the extent of the handicap itself or to determine how this handicap in particular affects the child's academic performance.

Descriptor "E" Signifies that the test is suitable for use in testing a child with that handicap. The child's handicap should not influence the outcome and this test would be preferable to a one described as "B" or "C".

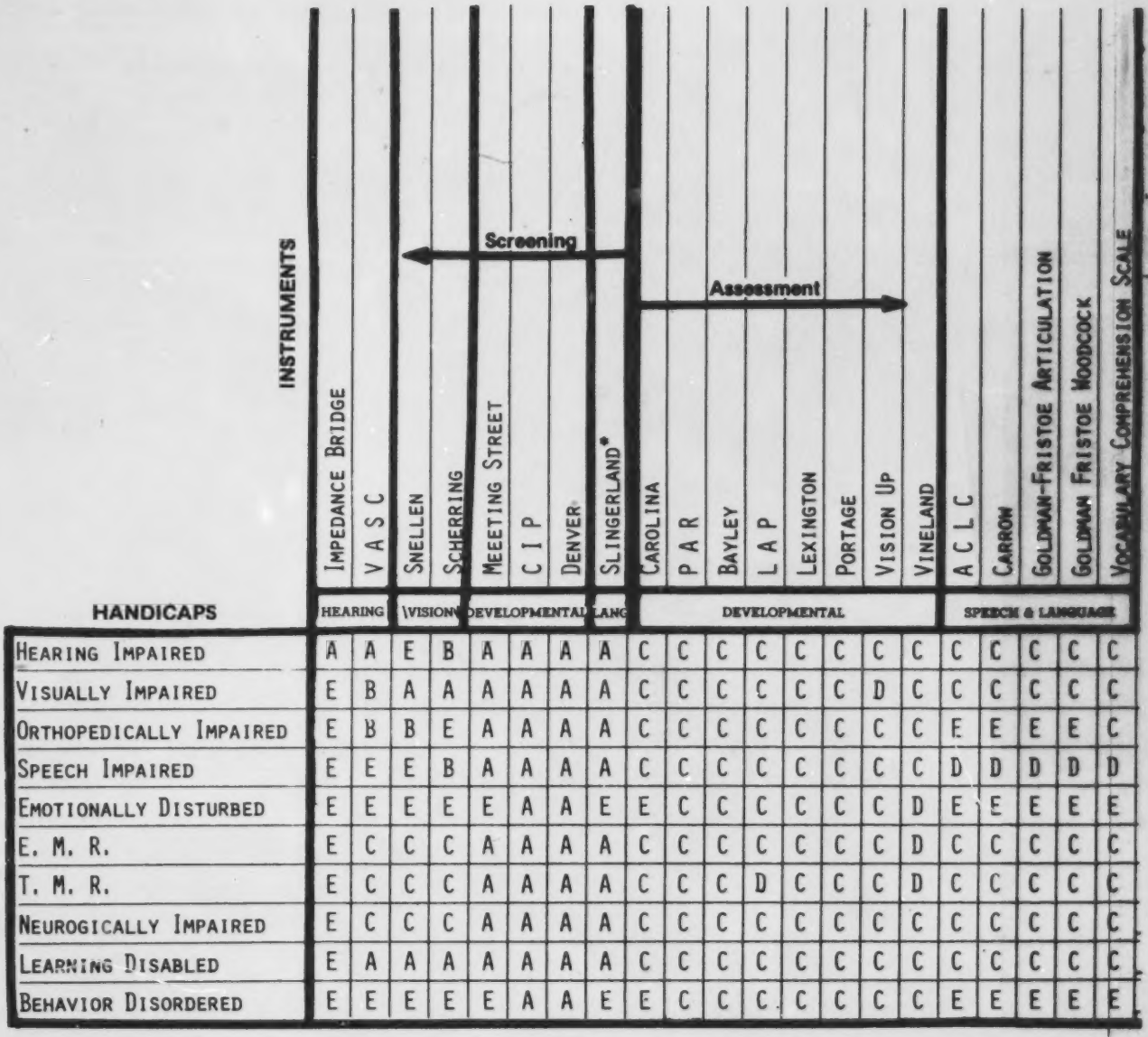
Peripheral effects of handicaps have not been included in the matrix. An orthopedically handicapped child might also be socially immature due to the confining nature of his handicap, or an emotionally disturbed child may be academically delayed because of the nature of his interaction with others. However, these problems are not inherent in the condition, so each child will have to be studied individually to determine the extent to which his handicap affects his performance.

It should be noted that emotional disturbance can significantly depress any score a child receives on a test. Close attention should be given to profiles where emotional disturbance may be a factor.

The opinions expressed regarding the relationship of handicaps and tests are those of the Ochlocknee Multi-Handicapped Outreach Staff. These opinions have evolved through years of working with children and do not necessarily reflect the philosophy of the developers of the assessment and screening instruments.

The tests described in this matrix are some of those in use by the Ochlocknee Children's Center and have all been used or reviewed by the Ochlocknee Multi-Handicapped Outreach Staff.

TEST MATRIX


INSTRUMENTS
Screening
Assessment
Impedance Bridge
V A S C
Snellen
Scherring
Meeting Street
C I P
Denver
Slingerland*
Carolina
P A R
Bayley
L A P
Lexington
Portage
Vision Up
Vineland
A C L C
Carrow
Goldman-Fristoe Articulation
Goldman Fristoe Woodcock
Vocabulary Comprehension Scale
HANDICAPS
HEARING
VISION
DEVELOPMENTAL
LANG
DEVELOPMENTAL
SPEECH & LANGUAGE
Hearing Impaired A A E B A A A A C C C C C C C C C C C C C
Visually Impaired E B A A A A A A C C C C C C D C C C C C C
Orthopedically Impaired E B B E A A A A C C C C C C C C E E E E C
Speech Impaired E E E B A A A A C C C C C C C C D D D D D
Emotionally Disturbed E E E E E A A E E C C C C C C D E E E E E
E. M. R. E C C C A A A A C C C C C C C D C C C C C
T. M. R. E C C C A A A A C C C D C C C D C C C C C
Neurogically Impaired E C C C A A A A C C C C C C C C C C C C C
Learning Disabled E A A A A A A A C C C C C C C C C C C C C
Behavior Disordered E E E E E A A E E C C C C C C C E E E E E

A. This screening device should indicate that the handicap may be present.
B. A different response mode can be substituted.
C. Level of current functioning will be determined but the adminstration. and/or results may be affected by this handicap.

BEHAVIOR		COGNITIVE (ACADEMICS)										PERCEPTUAL							INTELLIGENCE						
	Burks' Behavior Rating Scale																								
	Walker Problem Behavior Checklist																								
		B E S T (Math & Reading)																							
			Boehm Test of Basic Concepts																						
				Fountain Valley (Math & Reading)																					
					Key Math Diagnostic																				
						Metropolitan Readiness Test																			
							P I A T																		
								P P V T																	
									Woodcock Reading																
										Stanford Achievement Test															
											W R A T														
												Progressive Matrices													
													Bender - Gestalt												
														Developmental Test of Visual Motor Integration											
															Frostig										
																Motor - Free Visual Perception Test									
																	I T P A								
																		Purdue							
																			Columbia						
																				Leiter					
																					Otis-Lennon				
																						Slosson			
																							Stanford-Binet		
																								W I S C-R, W P P S I	
C	C	C	C	C	C	C	C	C	C	E	C	E	E	E	E	E	C	E	E	D	C	C	C	C	H. I.
C	C	C	C	C	C	*	C	C	**	*	C	C	C	C	C	C	C	C	C	C	C	C	C	C	V. I.
C	C	E	E	E	E	E	E	E	E	E	E	E	C	C	C	E	C	C	B	C	C	C	C	C	O. I.
C	C	C	E	E	E	E	C	E	E	E	C	E	E	E	E	E	C	E	E	E	C	C	C	C	S. I.
D	D	E	C	E	E	E	E	E	E	E	E	E	D	E	E	E	E	E	E	E	E	E	E	E	E. D.
C	C	C	C	C	C	C	D	C	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D	D	E. M. R.
C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D	D	T. M. R.
D	D	C	D	C	C	C	C	C	C	C	C	C	D	C	C	D	C	C	C	C	C	C	C	D	N. I.
C	C	C	D	C	C	C	C	C	C	C	C	C	D	D	D	D	D	D	C	C	C	C	C	D	L. D.
D	D	E	E	E	E	E	E	E	E	E	E	E	C	E	E	E	E	E	E	E	E	E	E	E	B. D.

D. Used to evalute children with this handicap.
E. Handicapping condition is not a major factor in administration of test or interpretation of test results.
*. Available in large print.
**. Available in Braille and large print.

APPENDIX C

OCHLOCKNEE MULTI-HANDICAPPED PROJECT

Student_____ MANAGEMENT RECORD FORM MH

Teacher_____ Supervisor_____ Date_____

Input Modality_____ Output Modality_____

Reinforcement Schedule_____ Trials_____ Criteria_____

****

BE	Antecedant Event	Behavioral Event	Subsequent Event
1._____	1. Situation:	1. Correct Response	1. +/CR:
2._____			
3._____			
4._____			
5._____			
6._____			
7._____	2. Materials	2. Incorrect Response	2. -/CR:
8._____			
9._____			
10._____			
11._____			
12._____			
13._____	3. Stimulus		
14._____			
15._____			
16._____			
17._____			
18._____			
19._____	4. Cue		
20._____			
21._____			
22._____			
23._____			
24._____			
25._____			

C2

Form B

INDIVIDUAL EDUCATION PLAN

(Complete one of these for each goal statement specified on Total Service Plan Form A)

Name_____

System_____

School(s)_____ Teacher(s)_____

Program Entry Date_____

Projected Ending Date_____

Prioritized Short Term Instructional Objective(s)

_____

_____

_____

_____

Task Analysis of Instructional Objective	Criteria for Mastery	Materials and/or Resources	Date Started	Date Reviewed	Evaluation of Performance

I have reviewed this report and have been informed of its contents:

Parent Signature_____ Date_____

School Representative_____ Date_____

Readiness Level

PROGRESS REPORT
THE CHILDREN'S CENTER

Name _____ System _____

Center Teacher _____ School/Teacher _____

Center _____ Date _____

	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
ACADEMIC PROGRESS - MATH					
1. 1 to 1 correspondence					
2. Sizes of objects - comparisons-big,bigger,short,shorter, etc.					
3. Shape and symbol discrimination					
4. Quantity					
5. Identifying members of a set (0 1 2 3 4 5 6 7 8 9 10 in a set)					
6. Naming Printed numbers					
7. Counting pictured objects (1 2 3 4 5 6 7 8 9 10)					
8. Matching numbers					
9. Ordinal Numbers 1 - 10					
10. Dot-to-dot sequencing					
11. Counting orally 1-10					
12. Calendar orientation day - week - month					
13. Writing numbers 1 digit					
14. Number sequencing (Before and After)					
15. Cardinal Concepts					
16. Solid shapes					
17. Time					
ACADEMIC PROGRESS - READING					
1. Matching colors					
2. Naming colors					
3. Memory for sentence					
4. Direction in space					
5. Same or different					
6. Naming alphabet from memory					
7. Printing capital letters of alphabet (Using a model)					
7A. (From memory)					
8. Comprehension					
a. Likes to be read to					
b. Names characters, ideas, conclusions					
c. Remembers from stories read aloud					
d. Can place characters, objects, animals, etc. in categories and sequence					
e. Identifies main idea in story					
f. Can supply ending to story					
g. Can make inferences from the story					
h. Summarizes story					
9. Vocabulary					
a. Recognizes his own name in print					
b. Knows names of numbers					
c. Can match capital and small letters					
d. Associates pictures with words					
e. Identifies new words by picture clues					

Name _____

Readiness Level

LANGUAGE AND COMMUNICATION	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
Language Comprehension					
1. Responds to spoken words					
a. by smiles, frowns, changes in behavior					
b. vocally or verbally					
2. Vocalizes					
a. mainly during crying					
b. feelings of pain or pleasure (i.e. grunts, whines)					
c. makes a vowel-like sound with high-low or up-down inflection					
d. combines several vowel sounds with inflection					
e. babbles by repeating a vowel or consonant sound over and over (e.g. ba-ba-ba)					
3. Imitates sounds/words					
a. speech movements without sound production					
b. cough, tongue click, etc.					
c. sounds without meaning					
d. syllables (consonant-vowel)					
e. sounds of animals or objects (e.g. "bow-wow", "choo-choo")					
f. words (e.g. ball, baby, cup, etc.)					
4. Vocabulary skills					
a. uses meaningless syllables (jargon speech) as though they were meaningful					
b. uses one syllable sound for an object or person (e.g. "wa" for "water")					
c. uses two syllable sound for an object/person (e.g. "wa-wa" for water)					
d. uses 1 word for many related things					
e. names familiar objects (e.g. toys, animals, body parts, clothing)					
1. names 5 familiar objects					
2. names 10 familiar objects					
3. names 20 or more familiar objects					
5. Follows verbal directions					
a. one simple direction accompanied by gestures					
b. one simple direction without gestures					
c. two or more directions					
6. Makes wants and needs known verbally					
7. Identifies and describes objects verbally					
8. Describes objects using more than physical or factual ideas					
9. Labels simple feeling in pictures, art or music					
10. Uses appropriate words to show own feelings					
11. Shares ideas freely					
12. Understands and uses pronouns in sentences					
a. I, me, you, mine, your					
b. She, he, her, him, his					
c. They, us, their, them, we, our					
13. Comprehends and uses question forms					
a. Who, What?					
b. When, Where?					
c. What color, how many?					
d. Whose, How, Why?					

Name _____

Readiness Level

LANGUAGE AND COMMUNICATION (Cont.)	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
14. Understands and uses prepositions					
a. on, in, under					
b. beside, behind, over, in front of					
15. Colors					
a. Matches primary colors					
b. Names primary and secondary colors					
c. Names all colors					
16. Information about self and family					
a. Knows and gives first and last name					
b. Knows and gives sex					
c. Knows and gives age					
d. Knows and gives address					
e. Knows and gives parents names					
17. Sentence structure					
a. Subject - Verb					
b. Subject - Verb - Object					
18. Volunteers information during classroom activities					
19. Initiates and maintains simple conversation with peers					
20. Detects and corrects own speech errors					
21. Uses parts of speech correctly					
22. Auditory skills					
a. Responds to environmental sounds					
b. Discrimination: Gross Sounds					
Words					
Sentences					
c. Wears hearing aid regularly					
d. Takes good care of hearing aid					
e. Relies on aid for auditory clues					
f. Good attitude towards hearing aid					
23. Speechreading					
a. Watches for visual clues					
b. Responds to words and short phrases					
c. Understands main idea					
d. Understands detail					
PSYCHOMOTOR AND MOBILITY SKILLS					
1. Motor skills					
a. Can move a body part when pointed to or indicated verbally by the teacher.					
b. Has control of his large muscles as in a. skipping b. hopping c. running					
c. Has control of small muscles such as those used in cutting and coloring.					
d. Can identify the major parts of his body.					
e. Is able to throw and catch a ball with some accuracy.					
f. Is able to function in balance activities using a balance beam.					
g. Can walk up and down stairs not alternating feet/alternating feet.					

Name _____

Readiness Level

SOCIAL AND EMOTIONAL SKILLS	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
1. Follows class routine					
2. Follows class rules					
a. Sits properly in seat					
b. Follows directions					
c. Keeps hands to self					
d. Is considerate of others					
e. Uses proper language					
3. Impulse Control					
a. Refrains from self-destructive behaviors					
b. Refrains from self-stimulating behaviors					
c. Displays appropriate affect					
d. Refrains from overreacting to the slightest provocation					
e. Maintains control when corrected (does not withdraw or become aggressive)					
f. Readily accepts learning new skills					
g. Can accept change in routine without distress					
h. Accepts failure					
i. Maintains control in structured environment					
j. Maintains control in unstructured environment					
4. Interpersonal relations					
a. Plays with other children					
b. Shares nicely with others					
c. Takes turns					
d. Initiates interaction with teachers and peers					
e. Is proud of own work					
f. Accepts praise					
g. Takes care of toys and materials					
h. Verbalizes feelings					
i. Expresses opinions freely					
j. Contributes positively to group discussion					
k. Is able to make responsible decisions concerning behavior					
5. Honesty					
a. Recounts occurences properly					
b. Asks owner permission to take property					
c. Does own work					
6. Social Eating					
a. Eats properly without grabbing					
b. Chews with mouth closed					
c. Uses utensils properly					
d. Eats all types of food					
e. Takes proper portions of food.					
f. Eats at a good rate					
7. Attention Span					
a. Listens to directions					
b. Maintains eye contact when spoken to					
c. Starts tasks when given					
d. Is not distracted by classroom stimuli					
e. Remains on task throughout activity					
f. Completes assigned tasks					
g. Is able to stop work if insufficient time to complete without inappropriate action					

Primary Level

PROGRESS REPORT
THE CHILDREN'S CENTER

Name_____ System_____

Center Teacher _____ School/Teacher_____

Center_____ Date_____

ACADEMIC PROGRESS - MATH	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
1. Place values 1-10_____ 10-20_____ 90-100_____					
2. Addition					
a. 1-digit horizontal or column					
b. 2-digit without regrouping (carrying)					
c. 2-digit with regrouping (carrying)					
d. 3-digit or more without regrouping					
3. Subtraction					
a. 1-digit horizontal or vertical					
b. 2-digit without regrouping (borrowing)					
c. 2-digit with regrouping					
d. 3-digit or more without regrouping					
4. Multiplication					
a. 1-digit horizontal or vertical					
b. 2-digit without regrouping					
5. Division					
short division without remainders					
6. Time					
hour___ half hour___					
7. Measurement					
a. linear (inches, feet, yards, meters,_____)					
b. liquid (pint, quart, gallon,_____)					
8. Money					
counting money					
9. Word problems					
10. Fractions					
a. pictures and shapes					
b. numerical representation					
ACADEMIC PROGRESS - READING					
1. Matching Colors					
2. Naming colors					
3. Memory for sentence					
4. Direction in space					
5. Same or different					
6. Naming alphabet from memory					
7. Printing capital letters of alphabet					
a. using a model					
b. from memory					
8. Printing small letters of alphabet					
a. using a model					
b. from memory					
9. Manuscript printed letters					
a. recognizes					
b. matches					
c. names					
10. Cursive written letters					
a. recognizes					
b. matches					
c. names					

ACADEMIC PROGRESS - READING (Cont.)	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
11. Sight words					
a. working on					
b. mastered					
12. Identify and supply rhyming words					
13. Initial consonant sounds: b d f g h j k l m n p q r s t v w y z					
14. Final consonant sounds: b d f g h j k l m n p q r s t v w y z					
15. Initial consonant blends: br bl fl fr gl gr dr st str sl sw tr tw pr pl cl cr sc sk sp spr					
16. Digraphs th wh sh ch					
17. Vowel sounds short a e i o u y long a e i o u y					
18. Blending printed words (sounding out words)					
19. Syllabification 2-syllable words					
20. Comprehension					
a. Likes to be read to					
b. Names characters, ideas, conclusions					
c. Remembers from stories read aloud					
d. Can place characters, objects, animals, etc. in categories and sequence					
e. Identifies main idea in story					
f. Can supply ending to story					
g. Can make inferences from the story					
h. Summarizes story					
i. Reads silently and comprehends information					
21. Vocabulary					
a. Recognizes his own name in print					
b. Knows names of numbers					
c. Can match capital and small letters					
d. Associates pictures with words					
e. Identifies new words by picture clues					
SOCIAL AND EMOTIONAL SKILLS					
1. Follows class routine					
2. Follows class rules					
a. Sits properly in seat					
b. Follows directions					
c. Keeps hands to self					
d. Is considerate of others					
e. Uses proper language					
3. Impulse control					
a. Refrains from self-destructive behaviors					
b. Refrains from self-stimulating behaviors					
c. Displays appropriate affect					
d. Refrains from over-reacting to the slightest provocation					
e. Maintains control when corrected (does not withdraw or become aggressive)					

SOCIAL AND EMOTIONAL SKILLS (Cont.)	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
f. Readily accepts learning new skills					
g. Can accept change in routine without distress					
h. Accepts failure					
i. Maintains control in structured environment					
j. Maintains control in unstructured environment					
4. Interpersonal relations					
a. Plays with other children					
b. Shares nicely with others					
c. Takes turns					
d. Initiates interaction with teachers and peers					
e. Is proud of own work					
f. Accepts praise					
g. Takes care of toys and materials					
h. Verbalizes feelings					
i. Expresses opinions freely					
j. Contributes positively to group discussion					
k. Is able to make responsible decisions concerning behavior					
5. Honesty					
a. Recounts occurences properly					
b. Asks owner permission to take property					
c. Does own work					
6. Social eating					
a. Eats properly without grabbing					
b. Chews with mouth closed					
c. Uses utensils properly					
d. Eats all types of foods					
e. Takes proper portions of food					
f. Eats at a good rate					
7. Attention span					
a. Listens to directions					
b. Maintains eye contact when spoken to					
c. Starts tasks when given					
d. Is not distracted by classroom stimuli					
e. Remains on task throughout activity					
f. Completes assigned tasks					
g. Is able to stop work if insufficient time to complete without inappropriate action					
LANGUAGE AND COMMUNICATION					
1. Follows verbal directions					
a. one simple direction without gestures					
b. two or more directions					
2. Makes wants and needs known verbally					
3. Identifies and describes objects verbally					
4. Describes objects using more than physical or factual ideas					
5. Labels simple feeling in pictures, art or music					
6. Uses appropriate words to show own feelings					
7. Shares ideas freely					
8. Understands and uses pronouns in sentences					
a. I, me, you, mine, your					
b. She, he, her, him, his					
c. They, us, their, them, we, our					

LANGUAGE AND COMMUNICATION (Cont.)	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
9. Comprehends and uses question forms					
a. Who, What?					
b. When, Where?					
c. What color, how many?					
d. Whose, How, Why?					
10. Uses regular and irregular plurals					
a. Nouns					
b. Verbs					
11. Understands and uses prepositions					
a. on, in, under					
b. beside, behind, over, in front of					
12. Colors					
a. Names primary and secondary colors					
b. Names all colors					
13. Information about self and family					
a. Knows and gives first and last name					
b. Knows and gives sex					
c. Knows and gives age					
d. Knows and gives address					
e. Knows and gives parents names					
14. Sentence Structure					
a. Subject - Verb					
b. Subject - Verb - Object					
15. Volunteers information during classroom activities					
16. Initiates and maintains simple conversation with peers					
17. Detects and corrects own speech errors					
18. Uses parts of speech correctly					
19. Auditory skills - H. I. only					
a. Responds to environmental sounds					
b. Discrimination: Gross Sounds					
Words					
Sentences					
c. Wears hearing aid regularly					
d. Takes good care of hearing aid					
e. Relies on aid for auditory clues					
f. Good attitude towards hearing aid					
20. Speechreading					
a. Watches for visual clues					
b. Responds to words and short phrases					
c. Understands main idea					
d. Understands detail					
PSYCHOMOTOR AND MOBILITY SKILLS					
Motor Skills					
1. Can move a body part when pointed to or indicated verbally by the teacher.					
2. Has control of his large muscles as in a. skipping b. hopping c. running					
3. Has control of small muscles such as those used in cutting and coloring.					
4. Can identify the major parts of his body.					
5. Is able to throw and catch a ball with some accuracy.					
6. Is able to function in balance activities using a balance beam					
7. Can walk up and down stairs not alternating feet/alternating feet.					

PSYCHOMOTOR AND MOBILITY SKILLS (Cont.)	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON THIS SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
Fine Motor					
1. Can recognize himself in mirror					
2. Can imitate prepositional behavior (in, over, under)					
3. Holds pencil or crayons correctly					
4. Scribbles using pencil or crayon					
5. Colors within lines					
6. Colors neatly					
7. Colors in one direction					
8. Can make single cuts on paper					
9. Cuts out simple figures, or detailed figures					
10. Can trace a straight line, curved lines					
11. Can trace simple/detailed figures					
12. Draws recognizable/detailed figures					
13. Works from left to right					
14. Works from top to bottom					
15. Handwriting is legible with recognizable letters					
16. Handwriting is neat and letters and numbers are well formed					
17. Is able to lace and tie shoes					
18. Can handle a book, turn pages, etc. correctly					
SELF CARE AND SELF HELP SKILLS					
Drinking					
1. Sucks liquid from straw					
2. Drinks from cup					
3. Retains liquid in mouth without dripping or drooling while drinking					
4. Drinks without spilling					
Toileting					
1. Appropriately indicates need to use bathroom					
2. Goes to toilet when necessary with infrequent accidents					
3. Goes to toilet properly by self with no accidents					
4. Uses toilet appropriately					
Grooming					
1. Is neat and clean					
2. Uses handkerchief when necessary					
3. Can button, zip, and snap clothing					
4. Can put shoes on and lace them					
5. Has the ability to dress self					
6. Wears and maintains special equipment					

PROGRESS REPORT
THE CHILDREN'S CENTER

Name_____ System_____
School_____
Center Teacher_____ Teacher_____

Center_____ Date_____

SPEECH THERAPY REPORT	MASTERED 90% OF TIME	SATISFACTORY PROGRESS	WORKING ON TH'S SKILL	NOT WORKING ON THIS SKILL	NOT APPROPRIATE
Additional Comments:					